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7590 09/28/2004

SANFORD ASTOR, Stall, Astor & Goldstein
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Sanford Astor

(Depositor's name)

(Signature)

November 18, 2004

(D)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/765,002	01/18/2001	Sherwin Mitchell	50742	7270

TITLE OF INVENTION: ELECTRONIC MEDICAL EMERGENCY VOICE BRACELET SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	12/28/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MISKA, VIT W	2841	368-010000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Birch, Stewart, Kolasch & Birch, LLP

2. Sanford Astor

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

11/19/2004 AWONDAF2 00000019 022448 09765002

01 FC:2501 685.00 DA
02 FC:1504 300.00 DAPlease check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 022448 (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Sanford AstorDate November 18, 2004Typed or printed name Sanford AstorRegistration No. 20748

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